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## APPLICANTS

Jean Babler, Fribourg, SWITZERLAND;

Jurg Burri, Sutz, SWITZERLAND;

Hans Felber, Hergiswil, SWITZERLAND; Urs Buntschu, Port, SWITZERLAND;

Werner Salvisberg, Lyss, SWITZERLAND;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature	Initials			

## ADDRESS

24203  
GRIFFIN & SZIPL, PC  
SUITE PH-1  
2300 NINTH STREET, SOUTH  
ARLINGTON, VA  
22204

## TITLE

Test device for femoral head prosthesis

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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